

# Participant Application

To register for the *PPE Train-the-Trainer Workshop* (please select one of the training workshops listed below), please complete this application form and fax it to Donna Lee Campbell, 860-577-1188. If you have any questions, please call 860-566-1133.

## PLEASE PRINT CLEARLY

Name     
LAST FIRST MI

Title

Physical Address

City  State  Zip Code

Phone (Work)  Fax

Primary Email

Department/Agency Name

Department Address

City  State  Zip Code

## Please select one training workshop:

- ☐ Monday, May 24 and Tuesday, May 25  
☐ Wednesday, May 26 and Thursday, May 27

**Note: Please bring your PPE equipment to class if you have it.**

Signature \_\_\_\_\_